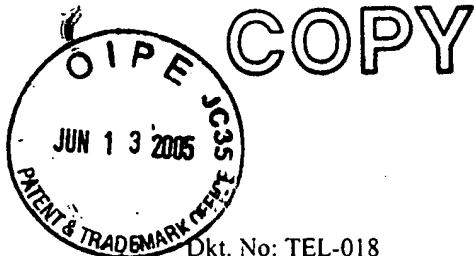


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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



1st Inventor: Donald C. Jackson Dkt. No: TEL-018  
Serial No.: 09/687,484-9376 Filed: 10/13/2000  
Assignee: Tellme Networks, Inc.  
Title: "Method And Apparatus For Localized Voice Over Internet Protocol Usage"

ENCLOSED:

1 pg - Request For Continued Examination (RCE) Transmittal (PTO/SB/30) in duplicate  
1 pg - Fee Transmittal (PTO/SB/17) in duplicate  
18 pgs - Response To Final Office Action dated 11/26/2004  
return receipt Postcard

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Date Mailed: 2/25/2005

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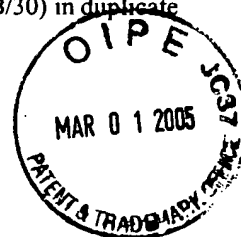
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PTO/SB/17 (12-04)  
 Approved for use through 07/31/2006. OMV 0651-0032  
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>Effective on 12/08/2004</b> <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
Fees pursuant to the Consolidated Appropriations Act, 2005 H.R. 4818		Application Number	09/687,484
<input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27		Filing Date	10/13/2000
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 450.00		First Named Inventor	Donald C. Jackson
		Examiner Name	Man U. Phan
		Art Unit	2665
		Attorney Docket No	TEL-018

**METHOD OF PAYMENT (check all that apply)**

☐ Check   
 ☐ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   
 Deposit Account Number: **50-0574**   
 Deposit Account Name: **Bever, Hoffman & Harms, LLP**

For the above-identified deposit account, the Director is hereby authorized to; (check all that apply)

☒ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s)   
 ☒ Credit any overpayments  
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**
**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	\$
Plant	200	100	300	150	160	80	\$
Reissue	300	150	500	250	600	300	\$
Provisional	200	100	0	0	0	100	\$

**2. EXCESS CLAIM FEES**
**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims    Extra Claims    Fee (\$)    Fee Paid (\$)    Multiple Dependent Claims  
 41    - 35 or HP = 6    x 25.00 = 150.00    Fee (\$)    Fee (\$)

HP = highest number of total claims paid for, if great than 20

Indep. Claims    Extra Claims    Fee (\$)    Fee Paid (\$)  
 8    - 5 or HP = 3    x 100 = 300.00

HP = highest number of total claims paid for, if great than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets    Extra Sheets    Number of each additional 50 or fraction thereof    Fee (\$)    Fee Paid (\$)  
 - 100 =    5- = (round up to a whole number) x    =

**4. OTHER FEE(S)**

Non-English Specification - \$130 fee (no small entity discount)

Other: \_\_\_\_\_

Fee Paid (\$)

**SUBMITTED BY**

Signature: \_\_\_\_\_ Registration No. 35,537 Telephone: (408) 451-5907  
 Name (Print/Type) Jeanette S. Harms Date: February 25, 2005